

EPA Form 3510-1 (8-90)

CONTINUE ON REVERSE

VIII. OPERATOR INFORMATION

| | | |
|--|--|----------------------------|
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.) | | D. PHONE (area code & no.) |
|--|--|----------------------------|

E. STREET OR P.O. BOX

| | | | | |
|-----------------|--|----------|-------------|----------------|
| F. CITY OR TOWN | | G. STATE | H. ZIP CODE | I. INDIAN LAND |
|-----------------|--|----------|-------------|----------------|

X. EXISTING ENVIRONMENTAL PERMITS

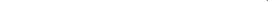
| | |
|--|--------------------|
| B. UIC (Underground Injection of Fluids) | E. OTHER (specify) |
|--|--------------------|

| | |
|----------------------------|--------------------|
| C. RCRA (Hazardous Wastes) | E. OTHER (specify) |
|----------------------------|--------------------|

XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

| | | |
|--|--|---------------------------------------|
| <p>A. NAME & OFFICIAL TITLE <i>(type or print)</i> Chris J West President-Frank and West</p> | <p>B. SIGNATURE </p> | <p>C. DATE SIGNED 07/19/2010</p> |
|--|--|---------------------------------------|

EPA Form 3510-1 (8-90)

EPA I.D. NUMBER (copy from Item 1 of Form 1)

| | | |
|--|--|--|
| FORM 2B NPDES | EPA U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES | |
| I. GENERAL INFORMATION Applying for: Individual Permit <input type="checkbox"/> Coverage Under General Permit <input checked="" type="checkbox"/> | | |
| A. TYPE OF BUSINESS | B. CONTACT INFORMATION | C. FACILITY OPERATION STATUS |
| <input checked="" type="checkbox"/> 1. Concentrated Animal Feeding Operation (complete items B, C, D, and Section II) <input type="checkbox"/> 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III) | Owner/or Operator Name: <u>FOIA Exemption (b) (6)</u> Telephone: <u>FOIA Exemption (b) (6)</u> Address: <u>FOIA Exemption (b) (6)</u> Facsimile: () City: <u>Pearl City</u> State: <u>IL</u> Zip Code: <u>61062</u> | <input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility |
| D. FACILITY INFORMATION Name: <u>FOIA Exemption (b) (6)</u> Telephone: <u>FOIA Exemption (b) (6)</u> Address: <u>FOIA Exemption (b) (6)</u> Facsimile: () City: <u>Pearl City</u> State: <u>IL</u> Zip Code: <u>61062</u> County: <u>Stephenson</u> Latitude: <u>FOIA Exemption (b) (6)</u> Longitude: <u>FOIA Exemption (b) (6)</u> If contract operation: Name of Integrator: _____ Address of Integrator: _____ | | |
| II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS | | |
| A. TYPE AND NUMBER OF ANIMALS | | B. Manure, Litter and/or Wastewater Production and Use |
| 2. ANIMALS | | |
| 1. TYPE | NO. IN OPEN CONFINEMENT | NO. HOUSED UNDER ROOF |
| <input checked="" type="checkbox"/> Mature Dairy Cows | | 824.00 |
| <input checked="" type="checkbox"/> Dairy Heifers | | 240.00 |
| <input type="checkbox"/> Veal Calves | | |
| <input type="checkbox"/> Cattle (not dairy or veal) | | |
| <input type="checkbox"/> Swine (55 lbs. or over) | | |
| <input type="checkbox"/> Swine (under 55 lbs.) | | |
| <input type="checkbox"/> Horses | | |
| <input type="checkbox"/> Sheep or Lambs | | |
| <input type="checkbox"/> Turkeys | | |
| | | a) How much manure, litter and wastewater is generated annually by the facility? 4,670.0 tons 7,821.78 gallons b) If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? 975.00 acres c) How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? tons/gallons (circle one) 0.00 tons |

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| | | | |
|---|--|--|--|
| <input type="checkbox"/> Chickens (Broilers) | | | |
| <input type="checkbox"/> Chickens (Layers) | | | |
| <input type="checkbox"/> Ducks | | | |
| <input type="checkbox"/> Other Specify _____ | | | |
| 3. TOTAL ANIMALS | | | |

C. ☐ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

| 1. Type of Containment | Total Capacity (in gallons) |
|--|-----------------------------|
| <input type="checkbox"/> Lagoon | |
| <input checked="" type="checkbox"/> Holding Pond | 3,530,229.00 |
| <input type="checkbox"/> Evaporation Pond | |
| <input type="checkbox"/> Other: Specify _____ | |

2. Report the total number of acres contributing drainage: _____ 0.00 acres

| 3. Type of Storage | Total Number of Days | Total Capacity (gallons/tons) |
|---|----------------------|-------------------------------|
| <input type="checkbox"/> Anaerobic Lagoon | | |
| <input type="checkbox"/> Storage Lagoon | | |
| <input type="checkbox"/> Evaporation Pond | | |
| <input type="checkbox"/> Aboveground Storage Tanks | | |
| <input type="checkbox"/> Belowground Storage Tanks | | |
| <input checked="" type="checkbox"/> Roofed Storage Shed | 221.00 | 2,498.00 |
| <input type="checkbox"/> Concrete Pad | | |
| <input type="checkbox"/> Impervious Soil Pad | | |
| <input checked="" type="checkbox"/> Other: Specify <u>Holding Ponds</u> | 174.00 | 3,530,230.00 |

E. NUTRIENT MANAGEMENT PLAN


A. Has a nutrient management plan been developed? ☒ Yes ☐ No

B. Is a nutrient management plan being implemented for the facility? ☒ Yes ☐ No

C. If no, when will the nutrient management plan be developed? Date: _____

D. The date of the last review or revision of the nutrient management plan. Date: 07/19/2010

E. If not land applying, describe alternative use(s) of manure, litter and or wastewater:

| | | | | | |
|---|--------------------------------|-------------------|---|---|-----------------|
| F. LAND APPLICATION BEST MANAGEMENT PRACTICES Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality: <input checked="" type="checkbox"/> Buffers <input checked="" type="checkbox"/> Setbacks <input checked="" type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace | | | | | |
| III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS | | | | | |
| A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow. | | | B. Indicate the total number of ponds, raceways, and similar structures in your facility. | | |
| 1. Outfall No. | 2. Flow (gallons per day) | | 1. Ponds | 2. Raceways | 3. Other |
| | a. Maximum Daily | b. Maximum 30 Day | c. Long Term Average | C. Provide the name of the receiving water and the source of water used by your facility. | |
| | | | | 1. Receiving Water | 2. Water Source |
| D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time. | | | | | |
| 1. Cold Water Species | | | 2. Warm Water Species | | |
| a. Species | b. Harvestable Weight (pounds) | | a. Species | b. Harvestable Weight (pounds) | |
| | (1) Total Yearly | (2) Maximum | | (1) Total Yearly | (2) Maximum |
| | | | | | |
| E. Report the total pounds of food during the calendar month of maximum feeding. | | | 1. Month | 2. Pounds of Food | |
| IV. CERTIFICATION | | | | | |
| <i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i> | | | | | |
| A. Name and Official Title (print or type) Chris J West - President Frank & West | | | B. Phone No. (217.) 4,877,686.00 | | |
| C. Signature  | | | D. Date Signed 07/19/2010 | | |